

ARIZONA STATE DEPARTMENT OF HEALTH

243

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Winkelman County Gila No. _____ St. _____

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Male			

DATE OF BIRTH* Jan. 22 1930
(Month) (Day) (Year)

FULL NAME Alla M. Givens FATHER

FULL MAIDEN NAME Katherine Kilpatrick MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Luther Franklin Givens

(Give name in full)

(Surname)

Mrs Katherine Mc Neal
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

672-172-222



4/27/66

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